

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

701705

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			8	-	/	
4					/	
5						
6					/	
7			8		/	
8	/		/			
9	/		/			
10			/			
11			/			
12			/			
13			/			
14			/			
15			/			
16			/			
17			/			
18	/		/			
19			/			
20			8		/	
21			8		/	
22					/	
23	/		/			
24	/		/			
25			/			
26			/			
27			/			
28			/			
29			/			
30			/			
31			/			
32			/			
33	/		/			
34			/			
35			8		/	
36			8		/	
37	/		/			
38	/		/			
39			/			
40			/			
41			/			
42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/		/					
52	/		/					
53	/		/					
54	/		/					
55	8		8					
56	8		8					
57	8		8					
58	8		8					
59	8		8					
60	8		8					
61	8		8					
62	/		/					
63	8		8					
64	8		8					
65	8		8					
66	8		8					
67	8		8					
68	8		8					
69	/		/					
70	/		/					
71	8		8					
72	8		8					
73	8		8					
74	8		8					
75	8		8					
76	8		8					
77	8		8					
78	/		/					
79	8		8					
80	8		8					
81	8		8					
82	8		8					
83	8		8					
84	8		8					
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.					21			
TOTAL DEP.					97			
TOTAL CLAIMS					18			